



Commonwealth of Massachusetts
Executive Office of Health and Human Services

MassHealth and You

A guide for seniors
and for persons of
any age needing
long-term-care
services

www.mass.gov/masshealth

MassHealth and You

Please Note:

If you are disabled and working 40 or more hours a month, or if you are a parent or a caretaker relative* of children under the age of 19, or you are applying for certain disabled, immigrant children under the age of 19 who live in nursing homes or other long-term-care facilities, this guide may not be for you. Call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) to find out if another booklet, the MassHealth Member Booklet, is for you.

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Introduction

MassHealth provides a wide range of medical and other benefits. MassHealth is authorized by state and federal law.

MassHealth and You: A guide for seniors and for persons of any age needing long-term-care services is for Massachusetts residents who:

- are aged 65 or older and living at home; or
- are any age and are in or are waiting to go into a long-term-care facility; or
- are eligible under certain programs to get long-term-care services to live at home.

The guide is divided into five parts.

- I Applying for MassHealth—for Seniors Living at Home
- II Applying for MassHealth—for Persons Needing Long-Term-Care Services Even If Living at Home
- III Special Income Eligibility Rules under MassHealth Standard for Persons Aged 65 or Older Needing Personal-Care-Attendant Services to Live at Home
- IV MassHealth and Other Benefits
- V Important Information You Should Know about MassHealth

Please keep this guide.

It has important information you may want to look up after you apply for MassHealth and while you are a MassHealth member. It gives *general* information about:

- applying for MassHealth if you are in or are waiting to go into a long-term-care facility or need long-term-care services at home,
- applying for MassHealth if you are a senior living at home,
- general eligibility rules including income and asset standards,
- the MassHealth coverage types,
- some of the services and benefits available under each coverage type,
- how to get MassHealth services and benefits,
- when your coverage begins,
- how accident and estate recovery rules affect you as a MassHealth member,
- real estate liens,
- your rights and responsibilities, and
- where to call for help.

This guide is intended only as a handy reference and does not give complete information about the eligibility rules or benefits under MassHealth. These details can be found in the MassHealth regulations at 130 CMR 515.000 through 522.000, 450.000, and 610.000.

Please Note:

Adults and children registered with the Massachusetts Commission for the Blind (MCB) should contact MCB's MassHealth unit at 1-800-392-6450 (ask for medical assistance) (TTY: 1-800-392-6556 for people with partial or total hearing loss) to apply for MassHealth.

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* A caretaker relative is an adult who is living with and related to the children under age 19, and who is the main caregiver of the children because neither parent of the children is in the home.



Part I Applying for MassHealth– for Seniors Living at Home

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Information about MassHealth for Seniors Living at Home

Part I of this guide, “Applying for MassHealth—for Seniors Living at Home,” gives *general* information about the eligibility rules for persons who are aged 65 or older, live at home, and *generally do not need long-term-care services*. It also gives information about how to apply for MassHealth.

If you are in or are waiting to go into a long-term-care facility, or if you need long-term-care services at home, read Part II of this guide, “Applying for MassHealth—for Persons Needing Long-Term-Care Services Even If Living at Home.”

General Eligibility Rules

To decide if you can get MassHealth, we look at your income and assets and, in some cases, your immigration status.

Income Rules

MassHealth compares your monthly income before deductions to certain limits that are set by law. These limits are based on a percentage of the federal poverty level, and are increased each April. The income limits are included in the Income and Asset charts on pages 8-11.

If you are married and live with your spouse, we count both of your incomes in deciding if you can get MassHealth.

To determine the amount of your income, we look at the amount of your social security, pension, and other nonwork-related income (before deduction of your Medicare premium, taxes, or other deductions).

If you have income from working, we allow certain deductions. (Generally, we count only about half of your monthly income from working before deductions.)

Income Rules–the Deductible

If your income is too high to get MassHealth Standard* or Limited, you will have a deductible. We can tell you how to get MassHealth by meeting your deductible.

The deductible is the total amount of your monthly income that is greater than MassHealth’s income limits over a six-month period.

*Also, see Part III, “Special Income Eligibility Rules under MassHealth Standard for Persons Aged 65 or Older Needing Personal-Care-Attendant Services to Live at Home.”

To determine the amount of your income, we look at the amount of your social security, pension, and other nonwork-related income (before deduction of your Medicare premium, taxes, or other deductions). If you have income from working, we allow certain deductions.

To meet your deductible, you must have medical bills that equal or are greater than the amount of your deductible. You may use medical bills for you and your spouse. MassHealth will not pay for these medical bills—they are your responsibility. Also, the bills you use cannot be for services that are covered by other insurance that you or your spouse may have.

General Asset Rules

MassHealth looks at the current value of any assets owned by you and compares them to the limits included in the Income and Asset charts on pages 8-11. If you are married and live with your spouse, we count the value of assets owned by you and your spouse.

Countable Assets

Countable assets include the value of bank accounts, certificates of deposit, mutual funds, stocks and bonds, as well as the value of real property other than your home.

Noncountable Assets

Noncountable assets include:

- the home you live in if it is located in Massachusetts
Note: Although we do not count the value of your home, we may claim money from your estate after your death. For more information about estate recovery, see pages 50 and 51.
- one vehicle that is used for your daily needs
- life-insurance policies for both you and your spouse if the total face value for **each of you** is \$1,500 or less (Face value of term policies is **not** counted.)
- burial plots
- up to \$1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses.

This amount:

- ◆ must be in separate, identifiable accounts; or
 - ◆ may be in the form of life-insurance policies specifically set up for funeral and burial expenses if the total face value for **each of you** is \$1,500 or less.
- an irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses

Immigration Rules

MassHealth offers a wide range of medical benefits to U.S. citizens and certain documented aliens who meet MassHealth income and asset standards. Undocumented aliens and certain documented aliens who meet these standards may be eligible only for payment of certain emergency services under MassHealth Limited.

Immigrants will not have to pay MassHealth back for medical services they get under MassHealth, except for estate and accident recovery, even if they later apply for U.S. citizenship. For more information about accident and estate recovery, see pages 50 and 51.

MassHealth will not give the Department of Homeland Security (DHS) any information about undocumented aliens who apply for MassHealth programs.

For more information about MassHealth immigration rules, see the MassHealth regulations at 130 CMR 518.000.



★ Even if your income is over this limit, you may still be eligible for MassHealth Standard if you lost your eligibility for Supplemental Security Income (SSI) because of an increase in your social security check.

◆ Even if your income is over this limit, you may still be eligible for MassHealth Standard if you are aged 65 or older and need personal-care-attendant services. See Part III.

▲ This figure changes every April.

Income and Asset Chart

Eligibility Rules for Individuals

IF your monthly income is...

at or below \$818 ★◆▲
(See “The Deductible” on pages 5 and 6.)

at or below \$818 ▲
(See “The Deductible” on pages 5 and 6.)

at or below \$818 ▲

below \$1,097 ▲

AND your assets are at or below...

\$2,000

\$2,000

\$4,000

\$4,000

AND you...

are a U.S. citizen, or a documented alien (in certain cases)

are an undocumented alien, or a documented alien, in certain cases (including foreign students, diplomats, or visitors)

are eligible for Medicare

are eligible for Medicare

THEN you may be eligible for...

payment of a wide range of medical benefits under MassHealth Standard

payment of certain emergency medical services under MassHealth Limited

payment of your Medicare premiums, copays, and deductibles through MassHealth Senior Buy-In

payment of your Medicare Part B premiums through MassHealth Buy-In

What to do...

Fill out a Senior Medical Benefit Request.

Fill out a Senior Medical Benefit Request.

Fill out a Senior Medical Benefit Request.

Fill out a MassHealth Buy-In Application.

The services or benefits that are available under the MassHealth coverage types—Standard, Limited, Senior Buy-In, and Buy-In—are described in Part V.



★ Even if your income is over this limit, you may still be eligible for MassHealth Standard if you lost your eligibility for Supplemental Security Income (SSI) because of an increase in your social security check.

◆ Even if your income is over this limit, you may still be eligible for MassHealth Standard if you are aged 65 or older and need personal-care-attendant services. See Part III.

▲ This figure changes every April.

Income and Asset Chart

Eligibility Rules for Married Couples Who Live Together

IF your monthly income is...

at or below \$1,090 ★◆▲ per couple (See “The Deductible” on pages 5 and 6.)

at or below \$1,090 ▲ per couple (See “The Deductible” on pages 5 and 6.)

at or below \$1,090 ▲ per couple

below \$1,464 ▲ per couple

AND your assets are at or below...

\$3,000

\$3,000

\$6,000

\$6,000

AND you...

are a U.S. citizen, or a documented alien (in certain cases)

are an undocumented alien, or a documented alien, in certain cases (including foreign students, diplomats, or visitors)

are eligible for Medicare

are eligible for Medicare

THEN you may be eligible for...

payment of a wide range of medical benefits under MassHealth Standard

payment of certain emergency medical services under MassHealth Limited

payment of your Medicare premiums, copays, and deductibles through MassHealth Senior Buy-In

payment of your Medicare Part B premiums through MassHealth Buy-In

What to do...

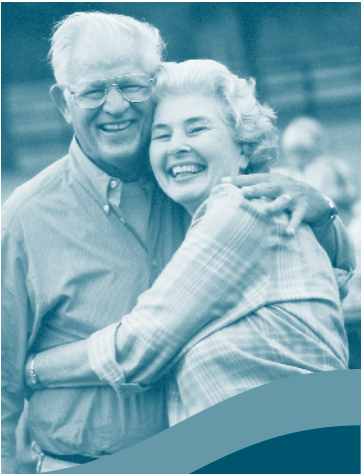
Fill out a Senior Medical Benefit Request.

Fill out a Senior Medical Benefit Request.

Fill out a Senior Medical Benefit Request.

Fill out a MassHealth Buy-In Application.

The services or benefits that are available under the MassHealth coverage types—Standard, Limited, Senior Buy-In, and Buy-In—are described in Part V.





Applying for MassHealth

How to apply

1. Fill out the Senior Medical Benefit Request (orange form).
2. Send us the filled-out and signed application with proof of:
 - your monthly income before taxes and deductions (like a copy of your pension stub or award letter). You do not need to send us proof of your social security income; and
 - the current value of your assets (like copies of your current bank statements).
3. After you have filled out the Senior Medical Benefit Request (SMBR) and any needed supplements, **send the filled-out SMBR, any supplements, and any needed papers to **the one MassHealth Enrollment Center (MEC) listed below that is closest to where you live.****

Revere MEC
300 Ocean Avenue
Suite 4000
Revere, MA 02151

Springfield MEC
333 Bridge Street
Springfield, MA 01103

Taunton MEC
21 Spring Street
Suite 4
Taunton, MA 02780

Tewksbury MEC
367 East Street
Tewksbury, MA 01876

Where to call

1. Call the **MassHealth Customer Service Center** at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) if you need a Senior Medical Benefit Request.
2. Call a **MassHealth Enrollment Center** at

1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss):

- if you need help filling out the application;
- if you need interpreter services; and
- if you have any questions about the application process.

Part II Applying for MassHealth— for Persons Needing Long- Term-Care Services Even If Living at Home

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Long-term-care services are the types of services needed if you are frequently ill and/or permanently disabled and need help, or cannot take care of yourself.

Please Note: If you are aged 65 or older, live at home, and do not need long-term-care services, please read Part I, “Applying for MassHealth—for Seniors Living at Home.”

Long-Term-Care Information

Part II of this guide, “Applying for MassHealth—for Persons Needing Long-Term-Care Services Even If Living at Home,” gives *general* information about the special eligibility rules for persons who need long-term-care services at home, or who are in or are waiting to go into a long-term-care facility. If you meet these special rules, MassHealth may be able to pay for your care in a long-term-care facility, or for your long-term-care services at home. Part II also gives information about how to apply for MassHealth.

A long-term-care facility is a type of medical institution that includes:

- licensed nursing facilities;
- chronic-disease and rehabilitation hospitals;
- state hospitals and state schools specifically designated as long-term-care facilities; and
- intermediate-care facilities for the mentally retarded (ICFs/MR).

Long-term-care services are the types of services needed if you are frequently ill and/or permanently disabled and need help, or cannot take care of yourself. These include medical and personal-care services. Generally, people get long-term-care services while they are in a long-term-care facility.

To be eligible for payment of long-term-care services in a long-term-care facility, you must:

- be eligible for MassHealth Standard as a person who is:
 - ◆ aged 65 or older;
 - ◆ aged 19 through 64 and disabled according to the Social Security Administration’s disability rules, or be pregnant; or
 - ◆ under age 19;

- be determined by MassHealth as medically needing long-term-care services; and
- prove that you (and your spouse) meet certain income and asset rules.

General Long-Term-Care Eligibility Rules

To decide if you can get MassHealth, we look at your income and assets and, in some cases, your immigration status.

General Asset Rules

MassHealth looks at the current value of any assets owned by you and compares them to certain limits (see the Asset Rules section under “Amount You and Your Spouse Can Keep” on page 17). If you are married and live with your spouse, we count the value of assets owned by you and your spouse.

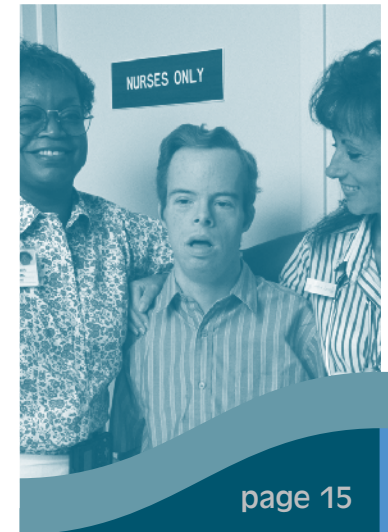
Countable Assets

Countable assets include the value of bank accounts, certificates of deposit, mutual funds, stocks and bonds, as well as the value of real property other than your home.

Noncountable Assets

Noncountable assets include:

- the home you live in if it is located in Massachusetts. If you move out of your home to live in a long-term-care facility or other medical institution, other rules may apply. See “How We Count Assets and the Home” on page 17. (Also see “Note” in left panel on page 16.)
- one vehicle that is used for your daily needs



Note:

Although we may not count the value of your home, we may claim money from your estate after your death, or from the sale of your home while you are in a long-term-care facility. For more information about real estate liens and estate recovery, see page 19, and pages 50 and 51.

- life-insurance policies for both you and your spouse if the total face value for **each of you** is \$1,500 or less (Face value of term policies is **not** counted.)
- burial plots
- up to \$1,500 per person for you and your spouse that is specifically set aside for funeral and burial expenses. This amount:
 - ◆ must be in separate, identifiable accounts; or
 - ◆ may be in the form of life-insurance policies specifically set up for funeral and burial expenses if the total face value for **each of you** is \$1,500 or less.
- an irrevocable burial trust or prepaid irrevocable burial contract set up in reasonable amounts for future payment of funeral or burial expenses

Immigration Rules

MassHealth offers a wide range of medical benefits to U.S. citizens and certain documented aliens who are eligible for MassHealth Standard.

Immigrants will not have to pay MassHealth back for medical services received under MassHealth, except for estate and accident recovery, even if they later apply for U.S. citizenship. For more information about accident and estate recovery, see pages 50 and 51.

For more information about MassHealth immigration rules, see the MassHealth regulations at 130 CMR 518.000.

Asset Rules for People Who Are in or Are Waiting to Go into a Long-Term-Care Facility

Amount You and Your Spouse Can Keep

- You may keep \$2,000.
- Your spouse at home may keep up to a certain amount, which changes every January. This amount may also be increased as a result of an appeal. (See the MassHealth regulations at 130 CMR 520.016.) MassHealth must follow special rules when determining how much the spouse at home may keep.

Note: Your spouse at home has the right to ask for a fair hearing to determine if he or she can keep more of your combined assets.

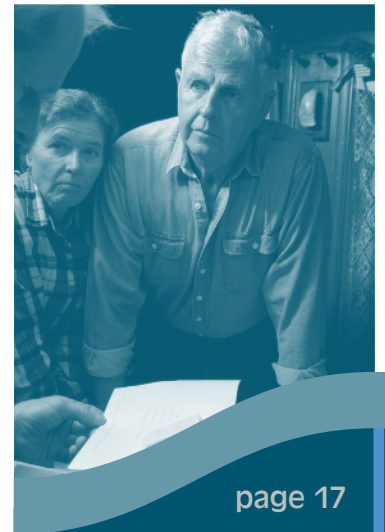
How We Count Assets and the Home

If you move out of your home to live in a medical institution, MassHealth decides if your former home is a countable asset because it is no longer your principal place of residence.

Your home is not countable if you have moved to a medical institution and:

- your spouse lives in your home or certain other relatives who meet specific rules live in your home;
- you intend to return home; or
- you have long-term-care insurance that meets certain rules.

If none of the above three situations apply to you, the value of your home may be counted, but you will be allowed nine months to sell the property (in certain cases, you will be allowed even more time).



If either you or your spouse gave away or transferred assets or income for less than what they were worth, MassHealth may not be able to pay for your nursing-facility services for a certain period of time.

How We Count Transfers of Income, Assets, and the Home

If either you or your spouse gave away or transferred assets or income for less than what they were worth, MassHealth may not be able to pay for your nursing-facility services (or for services equal to those provided in a nursing facility) for a certain period of time. MassHealth checks for transfers that were made during the period of time up to 36 months (or 60 months for certain trusts) before the date that you first applied for MassHealth, or before the date that you entered a medical institution, whichever is later.

The transfer rules apply to:

- people living at home who are getting MassHealth on the basis of the home- and community-based services waiver;
- people applying for or getting MassHealth who are living in a medical institution; and
- any assets, including your home, or income in which you or your spouse has a legal interest and that are transferred to anyone other than your spouse and certain others. However, you may transfer your home under certain conditions according to MassHealth rules.

If you got MassHealth and you transferred property for less than what it was worth, MassHealth may take legal action to set aside the transfer. (This means that a court may determine that you still legally own the property.) For more information about estate recovery, see pages 50 and 51.

Liens on Property, Including the Home

MassHealth will place a real estate lien on any property in which you have a legal interest, unless the property is your former home and one of the following persons is living in the property:

- your spouse;
- a sibling with a legal interest who has lived there for at least one year immediately before your going into a long-term-care facility;
- a permanently and totally disabled child;
- a blind child; or
- a child under the age of 21.

A lien is placed only after MassHealth decides that it is not likely that you will return home from the long-term-care facility, and sends a notice that it intends to place a lien. If you are discharged from the facility and return home, MassHealth will remove its lien. If you sell the property during your lifetime, MassHealth has the right to get back from your share of the proceeds any money it paid for all services you got from MassHealth on or after April 1, 1995. MassHealth will count any remaining proceeds when deciding if you can still get MassHealth.

In certain cases, MassHealth may decide not to use its lien during a person's lifetime to get paid back for long-term-care services. For information about recovery and long-term-care insurance, see pages 50 and 51.





The Patient-Paid Amount

You may have to make a monthly payment to the long-term-care facility. This is called your patient-paid amount. (Your spouse living at home does not have to pay toward the cost of your care.) Your patient-paid amount is determined using the following income deductions.

A personal needs allowance

The amount (set by state and federal law, in most cases \$60) that you are allowed to keep for personal expenses, like clothing, haircuts, and activities.

A spousal maintenance needs allowance

A deduction for the living expenses of your spouse living at home based on financial need. The minimum allowance changes every July, and the maximum allowance changes every January, and can vary if your spouse has extra shelter expenses. (See the MassHealth regulations at 130 CMR 520.026.) The maximum amount can be higher as a result of an appeal or a court order.

A family maintenance needs allowance

A deduction for the living expenses of certain family members who live with your spouse at home.

A home maintenance allowance

A deduction for your home expenses if you are single and a medical decision has been made that you are expected to return home within six months. The current monthly allowance is \$798. (This amount changes every April.)

A medical expense allowance

A deduction for health-insurance premiums and certain other incurred medical expenses (including allowable guardianship fees) not payable by any insurer.

Persons Living at Home Needing Long-Term-Care Services

People living at home (children as well as adults) who need more help than family members can give, can get certain long-term-care services to help them live at home, instead of in a long-term-care facility. MassHealth offers three special programs that allow certain MassHealth Standard members to get these needed long-term-care services at home. These programs are called the Kaileigh Mulligan Program (Home Care for Disabled Children), PACE (Program of All-Inclusive Care for the Elderly), and Home- and Community-Based Services Waiver, and are briefly explained on the following pages.

Though these special programs are available under MassHealth Standard, each program has its own eligibility rules (including income and asset rules) that may be different from other MassHealth Standard eligibility rules.

MassHealth offers three special programs that allow certain MassHealth Standard members to get needed long-term-care services at home.

* If the disabled child does not need this level of care, call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) to find out about other MassHealth programs.

Kaileigh Mulligan Program (Home Care for Disabled Children)

What it is and whom it is for

- Allows certain severely disabled children (under age 18) to live at home with their parent(s) and have MassHealth eligibility determined without counting the income and assets of their parent(s)
- Requires that the child's medical needs be severe enough to need a level of care equal to that provided in a hospital or pediatric nursing facility, as determined by MassHealth's Disability Evaluation Service*
- Covers payment for a wide range of medical and nursing care, and certain medical equipment and supplies for the child
- Requires that the cost to MassHealth for these services be not greater than what it would cost for the child to live in a hospital setting or nursing facility
- Sets up a link between the child's family and the Department of Public Health's case-management services to follow the child's care

How and where to apply

- Generally, referrals are made by Department of Public Health case managers or by the child's hospital social worker (who can give you a Senior Medical Benefit Request and help you apply for this program).

OR

- Call the MassHealth Enrollment Center at 1-800-408-1253 (TTY: 1-800-231-5698 for people with partial or total hearing loss) for a Senior Medical Benefit Request, and for more information about this program.





PACE (Program of All-Inclusive Care for the Elderly)

also called Elder Service Plan

What it is and whom it is for

- Allows certain frail people (aged 55 or older) who need help with daily personal care, and have a medical condition that needs regular attention, to live at home and remain as healthy and independent as possible
- Requires the need for a level of care* equal to that provided in a nursing facility
- Requires that the person get all (at-home and medical facility) services through a PACE-authorized health center
- Offers a wide range of medical and personal-care services (like meal delivery, transportation, day-health center participation, social services, prescriptions, and nursing-facility placement, if necessary)
- Provides a PACE case manager to follow the patient's care
- Requires that the person live in a PACE service area

*An agency of the Massachusetts Executive Office of Elder Affairs (EOEA) that covers your local area reviews your medical need for long-term-care services for MassHealth.

How and where to apply

- Generally, referrals are made by the person's medical provider.
- MassHealth applicants and members may apply for the PACE program.
- Call the MassHealth Enrollment Center at 1-800-408-1253 (TTY: 1-800-231-5698 for people with partial or total hearing loss) for a Senior Medical Benefit Request, and for more information about this program.



Home- and Community-Based Services Waiver

What it is and whom it is for

- Allows certain frail people (aged 60 or older) to live at home and get MassHealth Standard, including a wide range of medical and personal-care services at home (like homemaker, nonmedical transportation, and social-day care)
- Allows the person needing the at-home services, if married and living with his or her spouse, to have MassHealth eligibility determined without counting the income and assets of the other spouse (Also see “How We Count Transfers of Income, Assets, and the Home” on page 18.)
- Requires the need for a level of care* equal to that provided in a nursing facility

*An agency of the Massachusetts Executive Office of Elder Affairs (EOEA) that covers your local area reviews your medical need for long-term-care services for MassHealth.

How and where to apply

- Generally, referrals are made by the person’s medical provider or by a case manager.
- OR
- Call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss) for a Senior Medical Benefit Request, and for more information about this program.





Applying for MassHealth

How to apply

1. Fill out the Senior Medical Benefit Request (orange form) including Supplement A: Long-Term-Care (LTC) Questions (blue sheet).
(**Note:** If you are applying for MassHealth through the Kaileigh Mulligan or PACE program, you do not have to fill out Supplement A: LTC Questions.)
2. Send us the filled-out and signed application and Supplement A: LTC Questions with proof of:
 - your monthly income before taxes and deductions (like a copy of your pension stub or award letter). You do not need to send us proof of your social security income; and
 - the current value of your assets (like copies of your current bank statements).
3. After you have filled out the Senior Medical Benefit Request (SMBR) and any needed supplements, **send** the filled-out SMBR, any supplements, and any needed papers to **the one MassHealth Enrollment Center (MEC) listed below that is closest to where you live.**

Revere MEC
300 Ocean Avenue
Suite 4000
Revere, MA 02151

Springfield MEC
333 Bridge Street
Springfield, MA 01103

Taunton MEC
21 Spring Street
Suite 4
Taunton, MA 02780

Tewksbury MEC
367 East Street
Tewksbury, MA 01876

Where to call

1. Call the **MassHealth Customer Service Center** at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) if you need a Senior Medical Benefit Request.

2. Call a **MassHealth Enrollment Center** at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss):
 - if you need help filling out the SMBR;
 - if you need interpreter services; or
 - if you have any questions about the application process.

Part III Special Income Eligibility Rules

under MassHealth Standard for Persons Aged 65 or Older Needing Personal-Care-Attendant Services to Live at Home*

How does my need for MassHealth Personal-Care-Attendant (PCA) services affect the way MassHealth decides if I can get MassHealth?

If, according to the chart on this page, we decide that your income is over 100% of the federal poverty level and you are aged 65 or older, we may be able to count less of your nonworking income when deciding if you can get MassHealth. **Special MassHealth eligibility rules would then apply, which are explained below.**

What does MassHealth mean by PCA services?

The types of services offered by the MassHealth PCA Program under MassHealth Standard may help you if you are elderly and have a permanent or long-lasting disability that keeps you from being able to do your

100% Federal Poverty
Level Income Chart

Family size	Your monthly income is over
You	➔ \$818
You and your spouse	➔ \$1,090

These figures change every April.

* Part III applies only to persons with income over 100% of the federal poverty level (see chart above). Persons of any age with income at or below 100% of the federal poverty level do not need to meet these special income eligibility rules to get MassHealth or to get PCA services paid for by MassHealth.



daily living activities, like bathing, grooming, eating, getting dressed, toileting, moving around, taking your medicines, etc., unless someone physically helps you. By getting PCA services, some people can live at home instead of having to live in a long-term-care facility.

For more information, see MassHealth PCA regulations at 130 CMR 422.000.

Who can get MassHealth PCA services?

Not everyone can get MassHealth PCA services. To get PCA services, you must:

- have a permanent or long-lasting disability;
- need someone to physically help you with your daily living activities, like those listed above, which you cannot do by yourself; and
- have a doctor's written authorization that you need PCA services.

How do I tell MassHealth that I am now getting or think I need PCA services?

If you are now getting or you think you may need PCA services because of your disability, you may tell us when you fill out a Senior Medical Benefit Request (if you are applying for MassHealth) or a MassHealth Eligibility Review form (if you are already a MassHealth member). Each of these forms has a separate PCA section with four questions about your need for PCA services, as explained below.

- You must answer the first question in the PCA section.
- If you are now getting MassHealth PCA services, and want to continue getting MassHealth PCA services, answer **only** the first question in the PCA section. MassHealth will send you a notice telling you about our decision.

- If you think you need PCA services, you must also answer the second, third, and fourth questions in the PCA section. **If you answer "YES" to these last three questions**, you must also fill out the PCA Supplement (gold form). The PCA Supplement is enclosed with the Senior Medical Benefit Request and the eligibility review form.

What happens next?

We will review your statement of need for PCA services and your filled-out PCA Supplement so we can decide if you may need any PCA services. We will send you a notice telling you about our decision.

What must I do if MassHealth agrees that I may need PCA services?

If we decide that you need PCA services, and we count less of your income, **and** we decide you can get MassHealth:

- you must contact a MassHealth PCA agency to set up PCA services within 90 days of the date we decide you can get MassHealth. (To get a list of MassHealth PCA agencies, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss); and
- we will tell you if you need to give us proof that you have contacted a MassHealth PCA agency.

Important: When the PCA agency you have chosen accepts you for PCA services, you will become the employer of your own PCA. This means that you may be responsible to find, hire, train, and fire (if needed) your own PCA. You will also have to follow special rules to make sure your PCA gets paid on time. The PCA agency can tell you how to get help with these duties. MassHealth cannot pay certain members of your family, or your legal guardian, if you have one, to be your PCA.

To find out more about the MassHealth Personal-Care-Attendant Program, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

Part IV MassHealth and Other Benefits

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Senior Care Options (SCO) health care What it is and whom it is for

- May allow persons who are 65 years of age or older and get Medicare and MassHealth Standard, or just MassHealth Standard, to be eligible to join a coordinated health plan called Senior Care Options (SCO).
- Offers a program that combines health-care services with social-support services to help you stay as healthy and independent as possible.
- Offers 24-hour access to a SCO doctor or nurse, as well as to a team of medical and other professionals. This team works together as part of a network called a senior care organization to provide you with care that is specifically designed to meet your needs as a senior.
- Covers all the health-care services you get from MassHealth. If you have Medicare, those services are covered too. Once you are a SCO member, all your services must only come from your senior care organization and its network of providers.

- Covers all health and personal-care services including: primary care and specialty physician visits, regular preventive health-care services, prescription drugs, lab and X rays, emergency care, inpatient hospitalization, mental health and substance-abuse treatment services, nursing-facility care, transportation for medical care, and other services that are in your health-care plan.
- You do not have to join SCO. But, depending on your particular needs, SCO may be a good choice for you. And, if you join SCO and decide later that it is not right for you, you can disenroll and go back to regular MassHealth.

Where to call

Senior Care Options at 1-888-885-0484
(TTY: 1-888-821-5225 for people with partial or total hearing loss).





Other Benefits

The following MassHealth benefits are some of the wide range of community, residential, and institutional long-term supports available to persons 65 years of age or older or disabled persons who live at home or need nursing-facility care.

Type of benefit

Group Adult Foster Care

If you need help with daily personal care and need to live in supported housing or an assisted living residence*, group adult foster care may be right for you.

*If applying for group adult foster care in assisted living, the SSI-G living arrangement through the Social Security Administration may be an option.

Adult Foster Care

If you need help with daily personal care, and would like to get that care in a family, home-like setting, adult foster care may be right for you.

Adult Day Health

If you need help with personal care and/or nursing services provided in a medically supervised, structured day program setting, adult day health may be right for you.

Day Habilitation Program

If you are a person with mental retardation or developmental disabilities and need assistance to develop skills designed to help keep you independent in the community, the Day Habilitation Program may be right for you.

Nursing-Facility Care

If you need skilled nursing services provided in an institutional setting on a short- or long-term basis, nursing-facility care may be right for you.

Requirements to be met

- A doctor's approval stating that these services are right for you
- A clinical approval from the designated clinical agent*
- The need for daily personal care*
- Financial requirements as described in this guide

* Not required for the Day Habilitation Program

Where to call

For general financial questions about MassHealth: the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

Part V

Important Information You Should Know about MassHealth

MassHealth Coverage Types

The MassHealth coverage types are briefly explained on the following pages.

Standard

MassHealth Standard is the most complete coverage offered by MassHealth. It pays for a wide range of health-care benefits **and is the only coverage that pays for long-term-care services.**

Limited

MassHealth Limited is available to seniors who meet the income and asset rules for MassHealth Standard but have an immigration status that keeps them from getting MassHealth Standard. Limited members can get emergency medical services **only.**

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Coverage Start Date (if eligible)

Coverage generally begins on the date MassHealth gets your filled-out and signed Senior Medical Benefit Request. If you have unpaid medical bills, coverage may begin up to three months before the month of your application if you can prove you would have met the eligibility rules.

Get MassHealth Card?

Yes.
You must show your MassHealth card to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards. Certain members must show their MassHealth Limited approval letter to their doctor or other health-care provider.





MassHealth Coverage Types

Continued

Senior Buy-In Qualified Medicare Beneficiaries (QMB)

Payment of your Medicare Parts A and B premiums, Medicare copayments, and Medicare deductibles (Certain MassHealth Standard members may also get this benefit.)

Coverage Start Date (if eligible)

Coverage begins on the first day of the month after the date MassHealth decides that you can get MassHealth.

Get MassHealth Card?

Yes.
You must show your MassHealth and Medicare cards to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards.

Buy-In

Payment of your Medicare Part B premiums only

Coverage begins on the date MassHealth gets your filled-out and signed MassHealth Buy-In application and may begin up to three months before the month of your application if you can prove you would have met the eligibility rules.

No.

Certain MassHealth Standard members who live in a long-term-care facility may also get this benefit.

Yes.
You must show your MassHealth and Medicare cards to your doctor or other health-care provider whenever you get medical care. If you also have other health insurance, be sure to show all cards.





* There may be some limitations, including age.

MassHealth Benefits

(Limitations and copays may apply.)

Benefit	Standard Coverage
Inpatient hospital services	✓
Outpatient services –hospitals, clinics, doctors, dentists (limited dental coverage for adults), home-health care	✓
* Medical services: lab tests, X rays, therapy, prescription drugs, dentures, eye-glasses, hearing aids, medical equipment and supplies	✓
Mental health and substance abuse services: inpatient and outpatient	✓
Hospice services	✓ (special rules apply)

✓ Covered ✗ Not Covered

	Limited Coverage*	Senior Buy-In (QMB)	Buy-In
Emergency services only		✗	✗
Outpatient hospital emergency services and emergency visits to emergency departments		✗	✗
Certain services provided by doctors and clinics outside a hospital		✗	✗
	✗	✗	✗
	✗	✗	✗

* If you are also getting cash benefits under the EAEDC program through the Department of Transitional Assistance, you will also get medical coverage under the EAEDC program.

MassHealth Benefits Continued

(Limitations and copays may apply.)

Benefit	Standard Coverage	Limited Coverage*	Senior Buy-In (QMB)	Buy-In
Pharmacy		Pharmacy services used for treating an emergency medical condition		
Transportation	 (some rules apply)	Ambulance transportation for an emergency medical condition only		
Personal-care-attendant services	 (special rules apply)			
Long-term-care services	 (special rules apply)			
Chronic-disease and rehabilitation inpatient hospital services	 (special rules apply)			
Adult day health and adult foster care				

* If you are also getting cash benefits under the EAEDC program through the Department of Transitional Assistance, you will also get medical coverage under the EAEDC program.

MassHealth Benefits Continued

(Limitations and copays may apply.)

Benefit

Standard
Coverage

Care and services
related to an organ
transplant procedure

✓ (if approved)

Payment of your
Medicare premium

Medicare Parts A
and B, Medicare
copayments,
and Medicare
deductibles

✓ Covered ✗ Not Covered

Limited
Coverage*

Senior Buy-In
(QMB)

Buy-In

✗

✗

✗

✗

Medicare Parts A
and B, Medicare
copayments,
and Medicare
deductibles

Medicare Part B
premium payment

If you have a question about which services are covered, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

(A complete listing and details of the covered services can be found in the MassHealth regulations at 130 CMR 450.105. More information on copayments can be found in the MassHealth regulations at 130 CMR 450.130.)

* If you are also getting cash benefits under the EAEDC program through the Department of Transitional Assistance, you will also get medical coverage under the EAEDC program.



Information about Getting Medical Services While on MassHealth Standard or Limited

Prior approval

For some medical services, your doctor or health-care provider has to get approval from MassHealth first. This is called “prior approval.” Medical services that are covered by Medicare do not need prior approval from MassHealth.

If you have other health insurance

If you also have Medicare, Medi-Gap, or any other kind of health insurance, your health-care provider must bill the other insurers first. MassHealth will pay any remaining copays or deductibles. **Your health-care provider must not bill you for any service or part of any service that is covered by MassHealth.**

Out-of-pocket expenses

In some cases, MassHealth can pay you back for medical bills that you paid before you got your MassHealth approval notice. We will do this if:

- we denied your eligibility and later decided that the denial was incorrect; or
- you paid for a MassHealth-covered medical service that you got before we told you that you would get MassHealth. In this case, your health-care provider must pay you back and bill MassHealth for the service. The provider must accept the MassHealth payment as payment in full.

Out-of-state emergency treatment

MassHealth is a health-care program for people living in Massachusetts who get medical care in Massachusetts. In certain situations, MassHealth may pay for emergency treatment for a medical condition when a MassHealth member is out of state. Special rules apply.

If any emergency occurs while you are out of state, show your MassHealth card and any other health-insurance cards you have, if possible. Also, be sure to call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) within 24 hours of getting the emergency treatment, or as soon as you can.

Other Things You Need to Know

Our decision

We will contact you if we need more information to make our decision. We will send you a written notice about your eligibility generally within 45 days of the date we get your filled-out and signed application.

- If you are eligible, the notice will tell you the date your coverage begins. See the MassHealth Benefits charts on pages 40-45 for information about services and benefits that are available under each coverage type.
- If you have a deductible, the notice will tell you how we determined the deductible amount and what you need to do to meet the deductible.
- If you have to pay a patient-paid amount (PPA) to the long-term-care facility, the notice will tell you the amount and how we determined the PPA.
- If you are not eligible, the notice will tell you why and how to appeal our decision.

We will send you a written notice about your eligibility generally within 45 days of the date we get your filled-out and signed application.

MassHealth will use your social security number (SSN) to check information you have given us. However, you do not need to give us an SSN to get MassHealth Limited.

The MassHealth card

If you are eligible for MassHealth Standard, MassHealth Limited, or MassHealth Senior Buy-In, you will get a MassHealth card. If you were getting MassHealth Basic before being changed to MassHealth Limited, you can use your MassHealth card. You must show your MassHealth card to your doctor or other health-care provider whenever you get medical care. If you have a MassHealth card and have other health insurance, be sure to show all cards.

Uncompensated Care Pool

The Uncompensated Care Pool pays hospitals and community health centers for certain services provided to low-income patients. The Pool is administered by the Division of Health Care Finance and Policy. Providers may be paid for eligible services to low-income patients (Massachusetts residents with family income at or below 400% of the federal poverty level). For information, contact the Division of Health Care Finance and Policy at 1-877-910-2100.

A more detailed description of the Uncompensated Care Pool regulations can be found at 114.6 CMR 10.00 through 12.00.

How we use your social security number

MassHealth will use your social security number (SSN) to check information you have given us. We will also use it to detect fraud, to see if anyone is getting duplicate benefits, or to see if others (a “third party”) should be paying for services. We may match your SSN or the SSN of your spouse. However, you do not need to give us an SSN to get MassHealth Limited.

SSN files may be matched with computer files, including files of the Internal Revenue Service, Social Security Administration, Alien Verification Information System, Registry of Motor Vehicles, Department of Revenue, Department of Transitional Assistance, Department of Industrial Accidents, Department of Employment and Training, Department of Veterans’ Services, Bureau of Special Investigations, Department of Public Health’s Bureau of Vital Statistics, insurance companies, and banks and other financial institutions.



If you or your spouse is in an accident

If you or your spouse is in an accident or is injured in some other way, and gets money from a third party because of that accident or injury, you will need to use that money to repay MassHealth for certain medical services provided.

Third parties who might give you or your spouse money because of an accident or injury include a person or business who may have caused the accident or injury, an insurance company, and other sources, like worker's compensation.

If you or your spouse is applying for MassHealth because of an accident or injury, you will need to use that money to repay the costs paid by MassHealth for all medical services you or your spouse gets.

If you or your spouse is in an accident, or is injured in some other way, after becoming eligible for MassHealth, you will need to use that money to repay only the costs paid by MassHealth for medical services provided because of that accident or injury.

You must tell us in writing within 10 days, or as soon as you can, of filing any insurance claims and lawsuits.

For more information about money you get because of an accident or injury, see the MassHealth regulations at 130 CMR 517.011 and Chapter 118E of the Massachusetts General Laws.

Recovery against estates of certain members who die

MassHealth has the right to get back money from the estates of certain MassHealth members after they die. In general, the money that must be repaid is for services paid by MassHealth for a member:

- after the member turned age 55; and

- at any age while the member was permanently in a long-term-care facility.

Protections and exceptions to the recovery rule above.

- If a deceased member leaves behind a spouse, or a child who is blind, permanently and totally disabled, or under age 21, MassHealth will not require repayment while any of these persons are still living.
- If real property, like a home, must be sold to get money to repay MassHealth, MassHealth, in limited circumstances, may decide that the estate does not need to repay MassHealth. The property must be left to a person who meets certain financial standards, and who has lived in the property, without leaving, for at least one year before the now-deceased member got MassHealth.
- If the member, on the date of admission to the long-term-care facility, had certain long-term-care insurance*, the estate of a MassHealth member does not have to repay MassHealth **for nursing facility and other long-term-care services**.

*The long-term-care insurance must meet the rules of the Division of Insurance under 211 CMR 65.09, and MassHealth regulations at 130 CMR 515.014. The member must also have been living in a long-term-care facility and told MassHealth that he or she did not intend to return home.

For more information about estate recovery and real estate liens, see the MassHealth regulations at 130 CMR 515.011 and 515.012, and Chapter 118E of the Massachusetts General Laws.





Certificates of Creditable Coverage

When your MassHealth coverage ends, MassHealth will give you a Certificate of Creditable Coverage if you were getting MassHealth Standard, CommonHealth, or Basic. If you have a continuing medical condition when you enroll in a new health plan offered by other insurance, this certificate may allow you to shorten the waiting period or have no waiting period. More information is given on the Certificate.

Signing up to vote

Information about voter registration is included with your application. You do not need to register to vote to get MassHealth.

Your Rights and Responsibilities

As a MassHealth applicant or member, you have certain rights and responsibilities.

Confidential and fair treatment

You have the right to confidential and fair treatment.

- MassHealth cannot discriminate against you because of race, color, sex, age, handicap, country of origin, sexual orientation, religion, or creed.
- MassHealth is committed to keeping confidential the personal information you give us during your application for and receipt of MassHealth benefits. We use the information you give us only for the administration of MassHealth. This means that we may need to share this information with our contractors and other entities. Any information we share must be kept confidential by that party. All personal information MassHealth has about any applicant or member, including medical data or health status, is confidential. This information may not be released for uses other than the administration of MassHealth without your permission or a court order. You can give us your permission in two different ways: 1) by filling out a MassHealth Eligibility Representative Designation Form; or 2) by giving us written permission to share your personal health information.

Eligibility representative

An eligibility representative is someone you choose to help you with some or all of the responsibilities of applying for or getting MassHealth. This person must know enough about you to take responsibility

MassHealth is committed to keeping confidential the personal information you give us during your application for and receipt of MassHealth benefits.

Note:

MassHealth will not pay any part of the cost of services covered by other health insurance.

for the correctness of the statements made during the eligibility process. An eligibility representative may fill out an application or review form and other MassHealth eligibility forms, give MassHealth proof of information given on applications, review forms, and other MassHealth forms, report changes in your income, address, or other circumstances, and get copies of all MassHealth eligibility notices sent to you.

An eligibility representative can be a friend, family member, relative, or other person who has a concern for your well-being and who agrees to help you. An eligibility representative is a person you choose. MassHealth will not choose an eligibility representative for you. To designate someone to be your eligibility representative, you and your eligibility representative must fill out a MassHealth Eligibility Representative Designation Form, which is included in the application packet, or you can call us to get one.

An eligibility representative can also be someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the MassHealth Eligibility Representative Designation Form, and either you or this person must submit to MassHealth a copy of the applicable legal document stating that this person is lawfully representing you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health-care proxy, or if the applicant or member has died, the estate’s administrator or executor.

Permission to Share Information

If you want us to share your personal health information, including sending copies of your eligibility notices, with someone who is not your eligibility representative, you can do this by giving us written permission. We have a form you can use to do this. You can call us to get the MassHealth Permission to Share Information Form.

Interpreter services

You have the right to get interpreter services and/or help in translating any MassHealth form or notice.

Reporting changes

You must tell us about any changes that may affect your eligibility, including, but not limited to, any changes in:

- income
- assets
- disability status
- health insurance
- immigration status
- address

within 10 days of the changes or as soon as possible.

If you do not tell us about changes, your MassHealth benefits may stop and you will not be able to use your MassHealth card.

MassHealth and other health insurance

To get and keep MassHealth, you must: ■ enroll in any health insurance available to you at no cost, including Medicare; and ■ keep Medicare coverage if you already have it. (Also see “Note” in left panel on page 54.)

Giving correct information

If you, or anyone acting on your behalf, gives us incorrect or false information, your MassHealth benefits may end. This may also result in fines, imprisonment, or both.





Appeal rights

You have the right to ask for a fair hearing to appeal decisions MassHealth makes about your MassHealth eligibility and about your MassHealth benefits and services.

MassHealth notices have information on the back that explains how to ask for a fair hearing and how much time you have to ask for one.

Where to Call for Help

For questions about Call

■ How to get a Senior Medical Benefit Request (including Supplement A: LTC Questions)	MassHealth Customer Service Center 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss)
■ How to get a Long-Term-Care Supplement or a PCA Supplement	
■ How to get a MassHealth Buy-In Application	
■ Where to send the Senior Medical Benefit Request (including Supplement A: LTC Questions)	
■ General eligibility information	
■ Covered medical services	
■ How to find a MassHealth provider	
■ Emergency services – out of Massachusetts	

For questions about Call

■ Member eligibility information	MassHealth Enrollment Center 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss)
■ How to get a MassHealth Permission to Share Information Form	
■ Your eligibility notice	
■ How to get interpreter services	
■ How to ask for a fair hearing to appeal MassHealth decisions	
■ How to meet your deductible	
■ Your long-term-care patient-paid amount (PPA)	
■ Where to report changes	
■ How to replace a MassHealth card	

Prescription Advantage	Executive Office of Elder Affairs (EOEA) 1-800-AGE-INFO (1-800-243-4636) (TTY: 1-877-610-0241 for people with partial or total hearing loss)
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For questions about Call

■ Real estate lien recovery	Benefit Coordination/ Third Party Liability
■ Accident recovery	1-800-462-1120
■ Estate recovery	

Eligibility for the visually impaired	Massachusetts Commission for the Blind (MCB) 1-800-392-6450 (ask for medical assistance) (TTY: 1-800-392-6556 for people with partial or total hearing loss)
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Special MassHealth Programs	MassHealth Enrollment Center
■ Kaileigh Mulligan Program— Home Care for Disabled Children	1-800-408-1253 (TTY: 1-800-231-5698 for people with partial or total hearing loss)
■ PACE (Program of All- Inclusive Care for the Elderly)	
■■■■■■■■■■	■■■■■■■■■■
■ Home- and Community-Based Services Waiver Program	MassHealth Enrollment Center 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss)

For questions about Call

MassHealth appeals—fair hearings	Board of Hearings 2 Boylston Street Boston, MA 02116 617-210-5800 or 1-800-655-0338 fax: 617-210-5820
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■ Eligibility for Social Security enrollment in Medicare Parts A and B	Social Security Administration (SSA) 1-800-772-1213
■ Social Security benefits	
■ Supplemental Security Income (SSI) benefits	

Senior Care Options	1-888-885-0484 (TTY: 1-888-821-5225 for people with partial or total hearing loss)
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